Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/02/08	Address:	Near the Intersection of
Case #:	<u>16-18284</u>		CR 1050 S. and 150 E
County:	Cass		<u>Walton, IN 46994</u>
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
= +	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium): <u>Open</u>			
Anhydrous Ammonia: _			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	e Information c/Pseudoephedriue Tracking Log crehant Tip —
This report is to be faxed to the following agencies that serve the location:			
Fire Department: Walton F.D.		Fax: (574) 626-2355	
Health Department: Cass County		Fax: <u>(574)</u> Fax:	
Child Prote	ection Service:		-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.A. Burgess Phone 765-473-6666			
** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department			

This form is to be included with the case life, and a copy sent to the Claudestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.